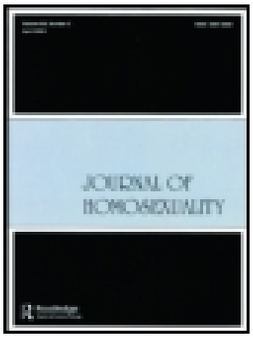

Journal of Homosexuality

ISSN: 0091-8369 (Print) 1540-3602 (Online) Journal homepage: https://www.tandfonline.com/loi/wjhm20

A Trauma-Informed Exploration of the Mental Health and Community Support Experiences of Transgender and Gender-Expansive Adults

Seventy F. Hall & Maur J. DeLaney

To cite this article: Seventy F. Hall & Maur J. DeLaney (2019): A Trauma-Informed Exploration of the Mental Health and Community Support Experiences of Transgender and Gender-Expansive Adults, Journal of Homosexuality, DOI: 10.1080/00918369.2019.1696104

To link to this article: https://doi.org/10.1080/00918369.2019.1696104

Published online: 04 Dec 2019.

Submit your article to this journal

Article views: 8

View related articles

View Crossmark data

Full Terms & Conditions of access and use can be found at
https://www.tandfonline.com/action/journalInformation?journalCode=wjhm20

JOURNAL OF HOMOSEXUALITY
https://doi.org/10.1080/00918369.2019.1696104

Routledge
Taylor & Francis Group

Check for updates

A Trauma-Informed Exploration of the Mental Health and Community Support Experiences of Transgender and Gender-Expansive Adults

Seventy F. Hall, BS and Maur J. DeLaney, MSW

Department of Social Work, University at Buffalo, Buffalo, New York, USA

ABSTRACT

This study applied a trauma-informed care (TIC) framework to explore transgender and gender-expansive (TGE) adults' experiences with mental health and community supports. Data were drawn from the qualitative component of a more extensive mixed-methods study that aimed to assess TGE individuals' support needs. Participants (N = 100) were recruited from online support groups using a combination of convenience and snowball sampling and invited to take an online survey. Open-response questions asked participants to describe their most positive experiences with a mental health provider and provide recommendations for improving the supportiveness of the communities to which they belonged. Participants' responses were coded and sorted into five overarching themes: (a) trust and emotional safety, (b) environmental and physical safety, (c) choice and collaboration, (d) empowerment, and (e) cultural and gender issues. Finally, we discussed implications for improving practice and further developing a TIC model that meets the needs of this population.

KEYWORDS

Transgender; gender-expansive; trauma-informed care; LGBTQ; community supports; counseling; mental health

Transgender and gender-expansive (TGE) individuals make up a fraction of the total US adult population (0.6%) (Flores, Herman, Gates, & Brown, 2016), but suffer high rates of exposure to adverse experiences, such as physical and sexual assault, discrimination, homelessness, and financial strain (Factor & Rothblum, 2007; Grant et al., 2011; James et al., 2016). In the United States, *transphobia*—a form of oppression characterized by intolerance toward TGE individuals—is an urgent public health concern. Studies have linked gender identity-based violence and discrimination to sexual risk behaviors, HIV infection, attempted suicide, substance misuse, economic insecurity, housing instability, lower educational attainment, and higher rates of incarceration (Grant et al., 2011; Miller & Grollman, 2015; Testa et al., 2012). TGE adults also face elevated rates of posttraumatic stress (Reisner et al., 2016) and disparities in trauma exposure that place them at

CONTACT Seventy F. Hall sfhall@buffalo.edu Department of Social Work, University at Buffalo, Buffalo, NY 14260, USA.

© 2019 Taylor & Francis Group, LLC

a disadvantage relative to their non-TGE counterparts (Factor & Rothblum, 2007; Scheer, 2017). Given that traumatic experiences are often related to gender identity (Testa et al., 2012), feedback from TGE individuals about how to address gender identity concerns in a trauma-informed manner is needed. Applications of TIC are absent from the body of literature that speaks to these issues as they relate to mental health care.

TGE adults' perspectives on the dynamics that strengthen community support systems also remain largely unexamined. Knowledge about trauma-informed care (TIC) at the community level could aid service providers and advocates in their efforts to ameliorate social isolation and community detachment, both of which have been identified as issues that TGE individuals face (Levitt & Ippolito, 2014; Metthe, 2016), perhaps as a consequence of their daily exposure to dehumanizing conditions. For example, a TGE individual who has problems using gender-segregated restrooms or who suffers relentless misgendering everywhere they go might avoid leaving the house altogether to minimize physical discomfort and instances of identity abuse (Woulfe & Goodman, 2018). In sum, the inclusion of TGE voices in the academic literature is crucial to prioritize individual agency, self-identification, and trauma-informed practices within systems of care. This article aims to fill gaps in the literature by utilizing a TIC approach to explore TGE adults' perspectives on mental health and community supports.

Background

A note on terminology

First, our decision to use TGE as an umbrella term for a wide range of identities warrants a discussion on terminology. Throughout this article, we use the term *gender-expansive* (GE) to describe anyone whose *gender identity*, or inner sense of gender, differs from their assigned sex at birth and *transgender* for anyone who is both GE and has taken steps socially, hormonally, surgically, and/or legally to more authentically align with their gender identity (Menvielle & Rodnan, 2011; Norwood, 2012). We use the word *cisgender* when referring to individuals whose gender identities match their assigned sexes at birth. It is important to note that although members of our local community have embraced the terms we have chosen, discursive practices around gender identity and expression are continually evolving and can vary according to sociocultural context.

Conceptual framework

TIC is an organizational philosophy that incorporates an understanding of the impact of trauma on individuals, families, and communities to design

support services that account for these influences (Harris & Fallot, 2001). We have drawn principles from two separate TIC models to frame our analysis—that of Fallot and Harris (2011) and that of the Substance Abuse and Mental Health Services Administration [SAMHSA] (2014). The resulting framework combines six principles from these two approaches: safety; trustworthiness; collaboration; choice; empowerment (Fallot & Harris, 2011); and attention to cultural, historical, and gender issues (SAMHSA, 2014).

The first principle, safety, consists of both physical safety (e.g., adequate lighting, locks on bathroom doors), and emotional safety (e.g., healthy boundaries, identity-affirming language) (The Trauma Informed Care Project, n.d.). The second principle, trustworthiness (e.g., transparency, consistency, predictability) is considered fundamental to resolving barriers to human connectedness caused by relational trauma, while the third principle, collaboration, promotes relational healing by offsetting power imbalances that resemble abuse dynamics (Harris & Fallot, 2001). The fourth principle, choice, allows trauma survivors to reclaim a sense of control over their environments (Harris & Fallot, 2001) and the fifth principle, empowerment, provides individuals with tools that help them transcend obstacles to success. The final principle—attention to cultural, historical, and gender issues—appreciates diversity in experiences and accounts for the interlocking systems of power, privilege, and oppression that shape them (Richmond, Burnes, & Carroll, 2012; SAMHSA, 2014).

In sum, TIC honors the individual's autonomy, encourages active and equal participation in community life and mental health care, validates the individual's experiences, and serves to challenge and eliminate threats to safety and structural inequities inside and outside of the immediate context (Austin & Craig, 2015; dickey, Singh, & Walinsky, 2017; McIntyre, Daley, Rutherford, & Ross, 2011). Such approaches are vital to making communities trauma-informed for TGE adults, who may have encountered intolerance and harassment related to their gender identities throughout their lives (Graham, 2014).

Literature review

Despite the proliferation of articles written about trans-affirmative mental health care (Austin & Craig, 2015; Burnes et al., 2010; dickey et al., 2017; Heck, Croot, & Robohm, 2015; Mascis, 2011; Mizock & Lewis, 2008; Richmond et al., 2012; Singh & dickey, 2016), few qualitative studies have been conducted on TGE adults' experiences with counselors in the United States (Benson, 2013; Bess & Stabb, 2009; Elder, 2016; McCullough et al., 2017). This underappreciation for TGE clients' voices is troubling, as it seems to undermine the authority they should have over defining their own needs and experiences. Furthermore, TGE adults' perceptions of safety,

trust, collaboration, choice, and empowerment are shaped by the degree to which their counselors include their input in treatment planning and encourage them to advocate for themselves (Elder, 2016; McCullough et al., 2017). In other words, clients favor therapists who act with, rather than for, them. Although the literature on community support services is also limited, consistently high levels of satisfaction with peer support networks (Levitt & Ippolito, 2014; Metthe, 2016; Salisbury & Dentato, 2015) demonstrate the salience of supportive communities in the lives of TGE individuals. In Levitt and Ippolito's (2014) study, for example, trans individuals valued having access to supportive spaces where they could explore gender expression.

Though less relevant, studies on health care experiences might provide insight into power dynamics that emerge in mental health settings, as well. For instance, in Poteat, German, and Kerrigan's (2013) study, relationships between medical professionals and trans patients were often characterized by mutual uncertainty whereby doctors felt ill-prepared to work with their patients and patients doubted the competence of their providers. Some doctors downplayed their patients' judgment and expertise to regain a sense of power and control; one doctor even accused her patient of reading too many articles on the Internet because she felt uncomfortable with the patient's use of unfamiliar medical terminology (Poteat et al., 2013). Also, according to Nordmarken and Kelly's (2014) ethnography, which examined TGE patients' interactions with health care providers, many doctors still relied on earlier versions of The World Professional Association for Transgender Health's (2011) *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People* (SOC). Specifically, participants spoke of providers who, in their attempts to follow the SOC, refused to prescribe hormone replacement therapy without documentation from a psychiatrist verifying the patient's gender identity (Nordmarken & Kelly, 2014). Many consider this practice to be antiquated because it strips patients of their rights to self-identify (Nordmarken & Kelly, 2014). Such power dynamics do not only serve to minimize choice, collaboration, empowerment, trust, and safety in medical settings; they may also inform TGE clients' attitudes toward systems of care as a whole, especially toward mental health providers, who have historically served as gate-keepers to gender-affirming medical interventions (Mizock & Lewis, 2008).

The present study

The present study sought to explore community support needs and positive beliefs about mental health providers among a sample of TGE adults, most of whom resided in Western NY at the time of study enrollment. The purpose of this research was to identify trauma-sensitive strategies to enhance

supports for TGE adults. To achieve this aim, we asked the following research questions:

(a) How do TGE individuals describe their most positive experiences with mental health counselors?
(b) What do TGE adults need from their support systems to feel more connected to their communities?
(c) How do TGE individuals' ideal counseling experiences and community support needs reflect the principles of TIC?

This study fills a substantial gap in the literature by being the first to apply a TIC perspective to a qualitative analysis of TGE adults' experiences with mental health and community supports. Our analysis will lay a foundation for centering the needs of TGE individuals within the systems of care that serve them.

Methods

Participants

Data for this study were drawn from a cross-sectional, mixed-methods research project that used an electronic survey to assess the mental health and community support needs of TGE adults. The current study is an analysis of only the qualitative portion of this project. Due to the importance of virtual communities in the lives of TGE individuals (Metthe, 2016), we recruited participants (N = 100) from online support groups using a combination of convenience and snowball sampling. Participants were eligible to take part in the study if they were TGE, able to read and write in English, and indicated that they were at least 18 years of age. The ages of the participants were not collected. The sample was predominantly White (82.0%), had completed at least some college (88.0%), and most were NY residents (79.0%). Self-reported gender identities fit within five categories: trans men (30.0%), trans women (22.0%), genderqueer (25.0%), non-binary (17.0%), and other (6.0%). We used an open-response item to collect information on participants' gender identities. Participants' responses were coded as "non-binary," "genderqueer," "trans man," or "trans woman" if they used those words to describe their identities. We also included those who self-identified as "transmasculine" or "transfeminine" as "trans men" or "trans women," respectively, unless they included the words "non-binary" or "genderqueer" in their responses. All other responses were coded as "other."

To clarify, trans men and transmasculine individuals are people who were assigned female or intersex at birth who identify as men or see themselves as masculine-of-center. Trans women and transfeminine individuals are people

who were assigned male or intersex at birth who identify as women or see themselves as feminine-of-center. Individuals who consider themselves non-binary or genderqueer are those who do not feel adequately represented by society's binary gender system.

Procedures

Between March and August 2017, the research team posted study announcements to 11 Facebook TGE support groups, nine of which served the Western NY population. Of the remaining groups, one was based in Central NY, and the other included members living anywhere in the United States. The study announcement contained the survey link, details about the study, and instructions for sharing the link with peers who might be interested in participating. The survey was administered via Survey Monkey and was approximately 15 minutes in length. Before joining the study, participants reviewed a verbal consent form embedded within the survey. We did not collect participants' identifying information because we wanted to maintain their confidentiality due to the small size of the local TGE community and the second author's affiliation with one of the support groups. Instead of signing the form, respondents clicked a button acknowledging their consent to participate. After submitting their survey responses, participants were redirected to a page that contained instructions for sharing the survey link with other potential participants. The institutional review board at the research team's university approved this study.

Measures

The full survey consisted of sociodemographic questions, previously validated instruments, and two open-response items that prompted participants to type narratives about their experiences. In constructing the open-response questions, we intentionally used strengths-based language given that deficit-oriented research can perpetuate stigma attached to marginalized communities (Metthe, 2016). Due to the considerable number of responses to the qualitative portion, these items became the sole focus of this analysis. The survey utilized the following open-ended questions asking participants to offer recommendations for improving community spaces and to describe their most productive interactions with mental health counselors:

(1) Think about the communities to which you belong. What qualities would make these communities more supportive of you in the future?
(2) Think about the best experience you have had during a mental health appointment. What made this experience positive for you?

It should be noted that we did not rely on an operational definition of community, nor did we explicitly define this word for the participants who took our survey. The *Discussion* section expounds upon the potential limitations of this methodological decision.

Data analysis

One researcher, the first author, conducted all analyses using ATLAS.ti and Microsoft Excel and met with the second author throughout the project to discuss findings. During the initial stage of the analysis, which consisted of several rounds of open coding, we realized that our codes were compatible with the principles of TIC and decided to integrate this framework into the analysis. Next, the first author searched for cases that did not fit with the chosen theoretical lens to determine whether additional concepts needed to be added to the framework and found that the TIC principles seemed to sufficiently account for the range of topics that emerged in participants' responses. The third stage of coding involved sorting codes into categories based on their similarities (Ryan & Bernard, 2003), identifying the principle of TIC that best represented each category, and linking the resulting code-subcode pairs (Saldaña, 2016) to quotations. Afterward, a list of the most frequently used codes was constructed, and ATLAS.ti's code co-occurrence tree explorer was used to identify codes that frequently co-occurred with those on the list. This procedure helped the first author develop themes based on groupings of co-occurring codes.

It is important to note that our experiences as trans scholars and the fact that only one researcher was responsible for analyzing the data may have introduced bias into our analysis. Therefore, we used member checking as a measure of accountability and a means of improving the trustworthiness of our findings. This process involved sharing the manuscript with TGE members of an online community and asking them to provide feedback on our interpretations of participants' quotes based on their experiences. The first author posted advertisements on three online chat rooms for TGE individuals that invited volunteers to review the manuscript and make suggestions for revision. Although many individuals with whom we consulted did provide recommendations that we incorporated into our manuscript, none of these revisions concerned the content of the findings section, as everyone who participated in member checking agreed with how we interpreted participants' quotes.

Findings

Data analysis yielded five themes that extended across participants: (a) emotional trust and safety, (b) environmental and physical safety, (c) choice

and collaboration, (d) empowerment, and (e) cultural and gender issues. Although we also identified subthemes, their interrelatedness posed challenges to parsing them out and addressing them separately. Doing so would have detracted from the conceptual coherence of each section. Instead, we decided to provide holistic accounts of each theme in the sections below. Second, it is worth noting that even though most participants (n = 70) answered both questions, not all of the individuals who participated in our study did. Of the remaining 30 participants, 16 answered question 1 only, and 14 only answered question 2. While analyzing the data, we did not find any meaningful thematic differences based on which questions the participants chose to answer. Third, because this study required participants to enter their responses online, some of the quotations included errors in spelling, punctuation, and grammar. We have corrected some of these errors to enhance the readability of our findings. Finally, we used the singular pronouns they, them, and their to refer to participants, as our survey did not request that they list their gender pronouns.

Emotional trust and safety

Overall, participants viewed trust and emotional safety as crucial to building successful therapeutic alliances with their counselors and improving the supportiveness of their communities. In both cases, participants wanted to feel safe to express themselves freely in settings that validated their identities. One participant claimed that the consistency with which their counselor responded to their concerns reassured them that they could rely upon the predictability of the therapeutic process: "*My counselor … does not display any judgment. I can expect everything I say to have the same response, and this helps me not judge myself.*" This response demonstrates that the trustworthiness and reliability of the counselor can serve other functions, as well. Specifically, counselors can help their clients eliminate self-criticism from their internal dialogs by acting as neutral sounding boards for their clients' thoughts and feelings.

The above themes extended to community settings, particularly LGBTQ+ spaces, where participants frequently faced rejection from members of their own communities. Many participants outlined suggestions for remedying this problem. For instance, one participant listed the following recommendations for improving the supportiveness of TGE community spaces:

> *[I recommend] avoiding unnecessary discussion of surgeries … [and] acceptance of my stated identity without having to prove my gender identity … I get misgendered less in non-LGBT settings because these people do not have any entitlement regarding what they should get to know about me.*

The distress caused by this lack of validation and acceptance from others within the TGE community was reflected by the staggering number of participants who reported experiences of within-group gender policing. Many TGE individuals felt pressured to express their gender identities according to the restrictive expectations of their peers. Those who defied these norms risked feeling as though they were "*not trans enough*." One participant's response summarized this phenomenon perfectly:

> *There are people in trans communities that do make assumptions about identities based on choices made around transition … As a person who has chosen to do some amount of medical transition, I find quite a few people who assume I must identify as a man/male because of that choice … Many who would say they identify outside the binary believe they don't do this, but they do. I am not sure how to boil that down to a quality other than have a high tolerance of ambiguity.*

TGE individuals rely on external validation from providers to receive appropriate care. Early guidelines for medical practitioners obliged individuals seeking hormone replacement therapy and surgical interventions to conform strictly to a performative gender binary. Trans women and trans men, respectively, were required to dress and behave in stereotypically feminine and masculine manners. TGE individuals who failed to meet these stringent expectations were denied these treatment options. As exemplified by the above quote, these binary gender assumptions about masculinity and femininity can be internalized by people, including TGE individuals, who may try to impose those standards onto others.

In their responses to the question about mental health services, several participants endorsed a preference for working with members of the LGBTQ + community, whom they felt had a higher capacity to empathize with their "*concerns and fears*." In other words, participants perceived LGBTQ+ providers as more trustworthy:

> *My counselor is [a] happily married lesbian and has experience with … the T community. I've been in and out of counseling and hospitals since I was 13. I'm now 33 … with a person I can fully trust … and feel no need to hide sides of myself from her.*

Thus, participants were more willing to express themselves freely when the people with whom they interacted understood their experiences and validated the challenges they faced. Acceptance and validation were especially crucial to participants' healing processes in the aftermath of traumatic events. One participant, who attended a trauma therapy group, illustrated this need for acceptance and safety by stating, "*[my] therapist listened … without trying to question the validity of my feelings … She had a dog, which was helpful when I had to recount the things that happened to me. It made me feel safer*."

Unfortunately, the positive experiences described above stood in stark contrast to many of the participants' previous encounters with providers

and community supports. In comparing the acceptance and validation they received from their current provider against the dismissive behavior of other professionals with whom they had interacted, one respondent said,

> *I was expressing my frustration … dealing with an almost hostile environment [at my university]. It felt good to finally have an adult medical professional agree that I was experiencing a validly distressing situation after dealing with so many doctors belittling and dismissing me.*

Positive experiences stood out to respondents because they were the exception rather than the norm. This participant, along with others, associated systems of care with invalidating, discriminatory, and even hostile behavior from professionals. One participant said,

> *There aren't many therapists who help LGBT people and mental hospital staffs don't give a care. I legit told them once while in hospital I wanted to kill myself while I was there and nobody said anything or did anything.*

Another participant contributed the following:

> *Being a therapist myself has recognized the lack of knowledge within providers and oversight on providers who state they are trans educated/competent. I know a few clinics near me who have refused care for individuals who are trans.*

To receive necessary health and mental health services, participants often felt the need to protect themselves against challenges, ranging from microaggressions and gate-keeping to assaults on their identities. Navigating these systems of care and other institutions required them to expend energy on self-preservation that otherwise could have been used caring for their mental and physical health. They viewed emotional safety and trustworthiness as essential to maximizing the benefits of their interactions with counselors and support systems.

Environmental and physical safety

In a similar vein, participants reported a need for a fun, easygoing, and nonthreatening atmosphere. "*Humor*," "*casual conversation[s] where [they] didn't feel under pressure*," and contexts in which everyone could be themselves "*without living in fear*" helped put participants at ease in both mental health and community settings. The accessibility of resources, accommodations, and spaces influenced the degree to which participants perceived their environments as physically safe. TGE individuals with prior experiences of harassment in restrooms might feel physically unsafe entering gender-segregated bathrooms (Burnes, Dexter, Richmond, Singh, & Cherrington, 2016). Several participants, such as the one below, addressed this issue in their survey responses:

> *When I told [my counselor] about an app called refuge restroom, she carried the burden of adding the restroom in her building to the app … As trans people, we have too much to worry about to … add every bathroom we see to an app. She … sent me a picture of the bathroom and the signs she taped to the wall to make it easier to find.*

By engaging in these practices, this counselor demonstrated an understanding that her TGE clients might feel safer about entering public spaces when information about the accessibility of accommodations is available ahead of time. Although many of the accessibility issues cited by participants were LGBTQ+-related, a few others spoke to unrelated concerns, such as discrimination or exclusion based on sobriety, disability, language, race, and other identity and lifestyle characteristics:

> *My biggest issue right now is lack of accessibility due to my disabilities, both in location and times for when events are held. There's also a lot of alcohol consumption in most communities … I can't really drink due to medication and being the sole sober person is a bit awkward.*

In sum, physical safety included features of the environment that served to mitigate perceived threats, as well as actions from counselors and community members that showed their commitment to making spaces safer for TGE individuals. Both resources and accommodations themselves, and the ability to access information about their availability helped TGE participants in our study feel safer in their communities.

Choice and collaboration

Participants' views of both the therapeutic alliance and community dynamics matched principles of TIC that promoted collaborative decision-making and opportunities to assert one's autonomy and feel heard by others. As in Ali's (2014) description of TGE-affirmative therapy, participants' counselors used client feedback to shape interventions, tuned into the complexities of their presenting problems, and deferred to clients' expertise on issues pertaining to their well-being. Relationships that were characterized by equitable interactions served to offset the power differentials between providers and their clients. Having the power to make important decisions allowed participants to feel in control of their treatment. For instance, one participant pointed to their therapist's use of self-disclosure as a strategy for shifting power imbalances: "*she told me she also came from an alcoholic home and it brought her down to my level. [It] was less of a counselor to patient relationship and more of a person to person relationship from then on.*"

Efforts to dismantle power imbalances were equally important at the community level, where the voices of some were more likely to be excluded than others, and systemic inequities had created disparities in access to

services. For example, one participant noted that they would "*like to see trans women and people of color pushed to the front in terms of services over White people and trans mascs/men*." This participant's view contrasted with that of another participant, who recommended "*more acceptance for non-binary individuals [and] less transmasculine and non-binary people being ignored and spoken over by transfeminine voices*." Participants felt that inclusivity and representation of marginalized identities were needed to resolve divisions within the community. Some expressed feeling alienated from the LGBTQ+ community based on their gender identities, while others focused on the exclusionary behaviors of other TGE people. In particular, participants cited "*issues with trans spaces only supporting those who fell within the binary or suggesting genderqueer was just a phase before becoming 'fully' trans,*" and called for "*more non-binary acceptance from the greater trans community*." Another participant desired "*better education about trans and gender non-conforming in the Latinx community … better linguistic terminology in Spanish and more language inclusiveness*." These quotes confirmed the need for greater collaboration among members of participants' communities and participants' desires to repair fissures caused by racial/ethnic segregation.

Empowerment

Although participants valued self-advocacy, they also appreciated when their counselors and larger institutions advocated on their behalves. For example, contrary to the view of providers as gate-keepers (Mizock & Lewis, 2008), some participants described their counselors as allies who increased their access to medical interventions and fought for a more TGE-friendly world overall. In addition to counselors, a few participants identified the education system, religious groups, and policymakers as crucial to initiating discourse, abolishing "*hate … [and passing] stricter laws on discrimination*." They viewed constructive dialogue as important to promoting social justice. In the words of one participant, "*folks … who are cisgender seem shocked to learn that I … [am] trans. I … love to school them and open up that dialogue so maybe it's not such a bad thing as long as people are communicating*." Participants also expressed a need to engage in advocacy work with other members of the TGE community, and recognized the importance of solidarity, unity, and "*breaking down racial segregation so that [their] … community [would be] … stronger*."

Participants described several other strategies for empowering TGE individuals, as well. Some felt that processing their emotions with their counselors heightened their self-awareness and contributed to their personal growth beyond the immediate therapeutic context. Others found that bringing their loved ones to therapy sessions helped them communicate with them more effectively. For instance, one participant described a session with their

counselor during which they were able to deconstruct cognitive distortions that adversely affected their social interactions:

> *I was like, "none of my friends like me!" and he was like, "don't your friends want to spend time with you and tell you they like you?" and I was like "they're lying!" and he was like "why would they spend energy lying about that … ?" It's more than just like, "no you're wrong, here's what's really happening." It made me realize for myself that I was wrong.*

Other participants recalled coping skills that helped them manage distressing emotions or TGE-specific resources that their counselors had provided as transition support. Interestingly, in response to the community supports question, participants identified these types of resources as vital to enhancing the supportiveness of their communities. Thus, based on participants' responses, it seems that mental health providers can play an essential role in carrying out participants' recommendations.

Cultural and gender issues

Several participants stressed the need to ensure that institutions and mental health providers were reasonably informed about TGE issues. They preferred providers who "*remained open-minded without imposing their thoughts on [their clients' genders] and didn't see [them] as an example out of a text book.*" Most participants who reported positive experiences described instances in which their counselors appreciated their subjective experiences, whereas those who spoke negatively of providers described encounters with stereotypes and discriminatory behavior. One individual, who was unable to identify any positive experiences with a mental health provider, gave the following response:

> *She only wanted to talk about my transition which at the time was not why I was seeing her. Any time I wanted to talk about something she changed the subject to my transition like I was some kind of science experiment.*

Outside of the therapeutic context, participants faced challenges across a wide range of institutional settings, including the health care system and the workplace, where "'*business casual' … sometimes requires women to wear blouses and feminine shoes.*" Another participant said the following about their experiences with health professionals and society as a whole:

> *There must be comprehensive sensitivity training in all workplaces and especially in healthcare professions. I have been misgendered, disrespected, or dismissed by many health care providers … and have been made to practically beg for care that would support my transition. All people must be educated on transgender and gender-expansive experience because it's a life or death issue.*

Many recommended community education as a tool for expanding public awareness of TGE issues, especially those that set TGE individuals apart from the greater LGBTQ+ community.

They hoped that such interventions would encourage society to embrace gender-expansive language. For example, one participant identified their counselor's existing familiarity with non-binary gender identities as positive "*because it contrasted with [a previous counselor] … who had no familiarity with non-binary identities and indicated that [their] identity was a result of trauma*." This participant and others appreciated when people asked for and respected their pronouns. Most participants tried to be understanding of people who lacked extensive knowledge of gender identity, as long as they showed a willingness to educate themselves. Overall, however, they preferred interacting with providers and community members who had at least some prior experience with the TGE population, as they found the task of educating people to be exhausting.

Discussion

Implications of findings

This analysis used a TIC framework to conceptualize TGE adults' mental health and community support needs. Our analysis yielded five themes that were similar across settings: trust and emotional safety (i.e., acceptance, validation, freedom of expression); environmental and physical safety (i.e., non-threatening atmosphere, accessibility); choice and collaboration (i.e., offsetting power imbalances, collaborative decision-making); empowerment (i.e., advocacy, community building, coping skills); and cultural and gender issues (i.e., appreciation of subjectivities, community awareness). Given that these themes were so interrelated, this discussion will address our most noteworthy findings from a holistic perspective. First, even though we intentionally asked participants to describe positive experiences with their mental health providers, many juxtaposed these with unpleasant interactions. These accounts of mistreatment from providers were not surprising; it is estimated that roughly 25% of trans adults avoid seeking health care due to fears of discrimination (James et al., 2016). Experiences with mental health professionals can be traumatizing for TGE clients (Elder, 2016), so establishing trust can be challenging. As a result, many participants specifically sought providers who were members of the LGBTQ+ community. However, the participants in both our study and others found providers who were experienced and knowledgeable, but open-minded and humble, to be safer and more trustworthy regardless of whether they shared their identities (Benson, 2013; Bess & Stabb, 2009; Elder, 2016).

Another notable finding concerned the preponderance of responses about within-group gender policing and segregation along racial and gender identity-based lines, which detracted from safety, trust, collaboration, and empowerment within community spaces. A large number of participants claimed that non-binary individuals, in particular, endured a substantial amount of pressure to conform to the gender binary. Previous research suggests that this may be a pervasive problem for TGE individuals (Bess & Stabb, 2009; Davis, 2009; Metthe, 2016). For example, Davis' (2009) field study showed that trans people often rated one another as "trans enough" based on their adherence to the gender binary. This finding has significant implications for how facilitators lead group therapy sessions and support group meetings. Strategies to combat restrictive gender ideals are crucial in such contexts due to the disparities in emotional distress that non-binary individuals have been found to experience relative to binary trans men and women (James et al., 2016). Support services may help TGE individuals challenge the internalized transphobia (Ali, 2014; Austin & Craig, 2015) that contributes to gender policing. Also, although participants of all identities seemed to share a common goal of supporting gender diversity, offsetting power imbalances, increasing unity, and participating in advocacy work, it is important to note that trans clients who participate in frequent activism may be more susceptible to the adverse impacts of transphobia on mental health (Breslow et al., 2015). Counselors may need to facilitate skill-building in this area so that advocacy can serve a stress-reduction function for TGE clients (Ali, 2014).

Finally, participants viewed accessibility as a critical component of physical and environmental safety. This finding aligned with the results of the study by Burnes et al. (2016), in which trans participants identified knowledge of restroom availability as a protective mechanism against trauma exposure. Our participants, by contrast, took a more intersectional approach to their discussions of accessibility, citing the need to accommodate physical disabilities, sobriety, linguistic diversity, and many other dimensions of identity that posed obstacles to accessibility. Such narratives indicate that allies of TGE communities should consider the impacts of other concerns that intersect with and exacerbate gender identity-based oppression.

Several implications specific to the principles of TIC are worth mentioning here. First, participants recommended mental health care and community supports that promote gender self-identification and advocacy on the part of organizations to provide accessible, non-gendered facilities in their buildings. Such improvements would uphold the safety of TGE individuals. Second, findings indicated that opportunities to make treatment decisions and build community amongst one's peers might foster the principles of choice and collaboration. Third, concerning empowerment, respondents appreciated those who advocated with them and on their behalves. They also placed

value on self-advocacy and community solidarity. Finally, participants perceived education to be a necessary vehicle for expanding cultural awareness of TGE issues among both providers and the general public. This information can be used to develop guidelines for applying TIC to TGE systems of care and to design studies aimed at empirically testing the use of this framework with the TGE community.

Limitations

Several study limitations are worthy of discussion. First, our use of snowball sampling limited us to a homogenous population of support group attendees and their peers. Like in the general population, TGE individuals vary with respect to race, socioeconomic status, ability, age, and several other sociodemographic markers. The lack of diversity in our sample calls into question the quality of our recommendations and the cultural sensitivity of our study design. Second, the study's online survey format precluded us from asking follow-up questions that could have added texture to our understanding of participants' responses. Third, we failed to collect data on participants' ages, so our findings may not account for generational differences that likely informed participants' attitudes toward contemporary issues, support needs, and gender identity and expression in general. For instance, older adults in Elder's (2016) study cited prior instances of physical, emotional, and sexual abuse in psychiatric institutions during the 1950s. In comparison to their older counterparts, TGE individuals from younger generations might never have encountered such hostile conditions.

Finally, we purposefully asked vague questions so as not to impose our definitions of community onto participants. Our decision to use this approach resulted in a high degree of diversity in how participants interpreted our question about community supports. We lack a thorough understanding of why participants chose to mention some aspects of community and not others. Perhaps they simply assumed that we were asking for the types of information they gave in their responses. We could have avoided this problem had we asked participants to provide their own definitions of community and then prompted them to use these definitions to answer subsequent questions.

Conclusion

Despite the limitations described above, this article makes a valuable contribution to the literature on gender identity and expression. Our findings shed light on support characteristics that reflected the principles of safety, trust, empowerment, collaboration, choice, and appreciation of cultural and gender issues as

they applied to TGE-specific concerns. The extent to which participants discussed negative experiences when asked about positive ones suggests that there is a need for knowledgeable, TGE-friendly providers. TIC provides a useful framework for discussing this need. Most importantly, this study was the first to apply a TIC framework to a qualitative exploration of TGE adults' experiences with mental health and community supports. We hope that this research lays the groundwork for future efforts to develop a TIC model that can more effectively address the needs of this vulnerable population.

Disclosure statement

No potential conflict of interest was reported by the authors.

ORCID

Seventy F. Hall http://orcid.org/0000-0001-7266-4496

References

Ali, R. M. C. (2014). *A transpositive approach to therapy with transgender clients: An exploration of therapists' subjective experiences* (Master's thesis). Retrieved from http://ir.lib.uwo.ca/etd/

Austin, A., & Craig, S. L. (2015). Transgender affirmative cognitive behavioral therapy: Clinical considerations and applications. *Professional Psychology: Research and Practice*, *46*(1), 21–29. doi:10.1037/a0038642

Benson, K. E. (2013). Seeking support: Transgender client experiences with mental health services. *Journal of Feminist Family Therapy*, *25*(1), 17–40. doi:10.1080/08952833.2013.755081

Bess, J. A., & Stabb, S. D. (2009). The experiences of transgendered persons in psychotherapy: Voices and recommendations. *Journal of Mental Health Counseling*, *31*(3), 264–282. doi:10.17744/mehc.31.3.f62415468l133w50

Breslow, A. S., Brewster, M. E., Velez, B. L., Wong, S., Geiger, E., & Soderstrom, B. (2015). Resilience and collective action: Exploring buffers against minority stress for transgender individuals. *Psychology of Sexual Orientation and Gender Diversity*, *2*(3), 253–265. doi:10.1037/sgd0000117

Burnes, T. R., Dexter, M. M., Richmond, K., Singh, A. A., & Cherrington, A. (2016). The experiences of transgender survivor of trauma who undergo surgical and medical transition. *Traumatology*, *22*(1), 75–84. doi:10.1037/trm0000064

Burnes, T. R., Singh, A. A., Harper, A. J., Harper, B., Maxon-Kann, W., Pickering, D. L., … Hosea, J. (2010). American counseling association *competencies for counseling with transgender clients*. *Journal of LGBT Issues in Counseling*, *4*(3–4), 135–159. doi:10.1080/15538605.2010.524839

Davis, E. C. (2009). Situating "fluidity" (trans) gender identification and the regulation of gender diversity. *GLQ: A Journal of Lesbian and Gay Studies*, *15*(1), 97–130. doi:10.1215/10642684-2008-020

dickey, L. M., Singh, A. A., & Walinsky, D. (2017). Treatment of trauma and nonsuicidal self-injury in transgender adults. *Psychiatric Clinics of North America*, *40*(1), 41–50. doi:10.1016/j.psc.2016.10.007

Elder, A. B. (2016). Experiences of older transgender and gender nonconforming adults in psychotherapy: A qualitative study. *Psychology of Sexual Orientation and Gender Diversity*, *3*(2), 180–186. doi:10.1037/sgd0000154

Factor, R. J., & Rothblum, E. D. (2007). A study of transgender adults and their non-transgender siblings on demographic characteristics, social support, and experiences of violence. *Journal of LGBT Health Research*, *3*(3), 11–30. doi:10.1080/15574090802092879

Fallot, R. D., & Harris, M. (2011). *Creating cultures of trauma-informed care: Self-assessment and planning protocol*. Retrieved from Community Connections website: http://www.communityconnectionsdc.org/training-and-store/store#!/Creating-Cultures-of-Trauma-Informed-Care-CCTIC/p/80215860/category=22725096

Flores, A. R., Herman, J. L., Gates, G. J., & Brown, T. N. T. (2016). *How many adults identify as transgender in the United States?* (June 2016 Report). Retrieved from the Williams Institute website: http://williamsinstitute.law.ucla.edu/wp-content/uploads/How-Many-Adults-Identify-as-Transgender-in-the-United-States.pdf

Graham, L. F. (2014). Navigating community institutions: Black transgender women's experiences in schools, the criminal justice system, and churches. *Sexuality Research and Social Policy*, *11*(4), 274–287. doi:10.1007/s13178-014-0144-y

Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Keisling, M. (2011). *Injustice at every turn: A report of the national transgender discrimination survey*. Washington, DC: National Center for Transgender Equality and National Gay and Lesbian Task Force.

Harris, M., & Fallot, R. D. (Eds.). (2001). Using trauma theory to design service systems. In H. R. Lamb (Series Ed.), *The Jossey-Bass psychology series: No. 89. New directions for mental health services*. San Francisco, CA: Jossey-Bass, Inc.

Heck, N. C., Croot, L. C., & Robohm, J. S. (2015). Piloting a psychotherapy group for transgender clients: Description and clinical considerations for practitioners. *Professional Psychology: Research and Practice*, *46*(1), 30–36. doi:10.1037/a0033134

James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The report of the 2015 U.S. transgender survey* (December 2016 Report). Washington, DC: National Center for Transgender Equality.

Levitt, H. M., & Ippolito, M. R. (2014). Being transgender: The experience of transgender identity development. *Journal of Homosexuality*, *61*(12), 1727–1758. doi:10.1080/00918369.2014.951262

Mascis, A. N. (2011). Working with transgender survivors. *Journal of Gay & Lesbian Mental Health*, *15*(2), 200–210. doi:10.1080/19359705.2011.553782

McCullough, R., Dispenza, F., Parker, L. K., Viehl, C. J., Chang, C. Y., & Murphy, T. M. (2017). The counseling experiences of transgender and gender nonconforming clients. *Journal of Counseling & Development*, *95*(4), 423–434. doi:10.1002/jcad.12157

McIntyre, J., Daley, A., Rutherford, K., & Ross, L. E. (2011). Systems-level barriers in accessing supportive mental health services for sexual and gender minorities: Insights from the provider's perspective. *Canadian Journal of Community Mental Health*, *30*(2), 173–186. doi:10.7870/cjcmh-2011-0023

Menvielle, E. J., & Rodnan, L. A. (2011). A therapeutic group for parents of transgender adolescents. *Child and Adolescent Psychiatric Clinics of North America*, *20*(4), 733–743. doi:10.1016/j.chc.2011.08.002

Metthe, A. J. (2016). *"Resisting disconnection": An exploratory study of transgender adults' experiences of community support and resilience* (Master's thesis). Retrieved from http://scholarworks.smith.edu/theses/1751/

Miller, L. R., & Grollman, E. A. (2015). The social costs of gender nonconformity for transgender adults: Implications for discrimination and health. *Sociological Forum*, *30*(3), 809–831. doi:10.1111/socf.12193

Mizock, L., & Lewis, T. K. (2008). Trauma in transgender populations: Risk, resilience, and clinical care. *Journal of Emotional Abuse*, *8*(3), 335–354. doi:10.1080/10926790802262523

Nordmarken, S., & Kelly, R. (2014). Limiting transgender health: Administrative violence and microaggressions in health care systems. In V. L. Harvey & T. H. Housel (Eds.), *Health care disparities and the LGBT population* [ProQuest Ebook Central version] (pp. 143–146). Retrieved from https://ebookcentral.proquest.com

Norwood, K. (2012). Transitioning meanings? Family members' communicative struggles surrounding transgender identity. *Journal of Family Communication*, *12*(1), 75–92. doi:10.1080/15267431.2010.509283

Poteat, T., German, D., & Kerrigan, D. (2013). Managing uncertainty: A grounded theory of stigma in transgender health care encounters. *Social Science & Medicine*, *84*, 22–29. doi:10.1016/j.socscimed.2013.02.019

Reisner, S. L., Hughto, J. M. W., Gamarel, K. E., Keuroghlian, A. S., Mizock, L., & Pachankis, J. E. (2016). Discriminatory experiences associated with posttraumatic stress disorder symptoms among transgender adults. *Journal of Counseling Psychology*, *63*(5), 509–519. doi:10.1037/cou0000143

Richmond, K. A., Burnes, T., & Carroll, K. (2012). Lost in trans-lation: Interpreting systems of trauma for transgender clients. *Traumatology*, *18*(1), 45–57. doi:10.1177/1534765610396726

Ryan, G. W., & Bernard, H. R. (2003). Techniques to identify themes. *Field Methods*, *15*(1), 85–109. doi:10.1177/1525822X02239569

Saldaña, J. (2016). *The coding manual for qualitative researchers* (3rd ed.). Thousand Oaks, CA: Sage Publications Inc.

Salisbury, M. E., & Dentato, M. P. (2015). An exploratory study examining needs, access, and competent social services for the transgender community in Phoenix, Arizona. *Journal Of Human Behavior In The Social Environment*, *26*(2), 119–136. doi:10.1080/10911359.2015.1052911

Scheer, J. R. (2017). *Trauma-informed care for sexual and gender minority survivors of intimate partner violence* (Doctoral dissertation). Available from ProQuest LLC. (UMI No. 10288819)

Singh, A. A., & dickey, L. M. (2016). Implementing the APA guidelines on psychological practice with transgender and gender nonconforming people: A call to action to the field of psychology. *Psychology of Sexual Orientation and Gender Diversity*, *3*(2), 195–200. doi:10.1037/sgd0000179

Substance Abuse and Mental Health Services Administration. (2014). Guiding principles of trauma-informed care. *SAMHSA News*, *22*(2). Retrieved from https://www.samhsa.gov/samhsaNewsLetter/Volume_22_Number_2/trauma_tip/guiding_principles.html

Testa, R. J., Sciacca, L. M., Wang, F., Hendricks, M. L., Goldblum, P., Bradford, J., & Bongar, B. (2012). Effects of violence on transgender people. *Professional Psychology: Research and Practice*, *43*(5), 452–459. doi:10.1037/a0029604

The Trauma Informed Care Project. (n.d.). *Trauma-informed organizational self-assessment [PDF file]*. Unpublished instrument. Retrieved from http://www.traumainformedcareproject.org/resources/Trauam%20Informed%20Organizational%20Survey_9_13.pdf

The World Professional Association for Transgender Health. (2011). *Standards of care for the health of transsexual, transgender, and gender nonconforming people* (Vol. 7). Retrieved from https://www.wpath.org/media/cms/Documents/Web%20Transfer/SOC/Standards%20of%20Care%20V7%20-%202011%20WPATH.pdf

Woulfe, J. M., & Goodman, L. A. (2018). Identity abuse as a tactic of violence in LGBTQ communities: Initial validation of the identity abuse measure. *Journal of Interpersonal Violence*. Advance online publication. doi:10.1177/0886260518760018